DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: LARSON HOUSE II (THE) (0009633) Address: 550 RIVER RD, COLUMBUS, WI 53925

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094026 End Date: 01/25/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008117 Served 02/07/2005

Deficiencies Cited Subject Area

83.33(3)(e)2.b INJECTIONS

<u>Compliance</u>

<u>Verified</u> Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 02/04/2005 SOD #10008117 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT FORFEITURE---83.33(3)(e)2.b

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